




P.O Box 359 Mercedita, PR 00715-0359

RESPIRATORY QUALITATIVE FIT TEST

This is a certificate for qualitative fit test in compliance with OSHA Standard

29CFR 1910.134

Employee's Name:	Felix Valentín Cora
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30m, Medium
Smoke:	Irritant Smoke
Employer Id. No.:	5885
Fit Test Control No.	AE-FT-0906-2013-0094
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014

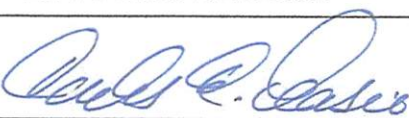


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Employee's Name:	Javier Pabón Morales
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30L, Large
Smoke:	Irritant Smoke
Employer Id. No.:	1824
Fit Test Control No.	AE-FT-0906-2013-0097
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014




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Employee's Name:	José Santiago
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30L, Large
Smoke:	Irritant Smoke
Employer Id. No.:	3222
Fit Test Control No.	AE-FT-0906-2013-0095
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014

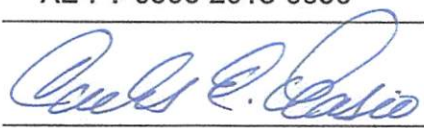


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RESPIRATORY QUALITATIVE FIT TEST

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29CFR 1910.134

Employee's Name:	Santos Ruiz Lebrón
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30L, Large
Smoke:	Irritant Smoke
Employer Id. No.:	1026
Fit Test Control No.	AE-FT-0906-2013-0096
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014




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RESPIRATORY QUALITATIVE FIT TEST

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29CFR 1910.134

Employee's Name:	Emmanuel Ramos Maldonado
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30M, Medium
Smoke:	Irritant Smoke
Employer Id. No.:	4598
Fit Test Control No.	AE-FT-0906-2013-0100
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014



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RESPIRATORY QUALITATIVE FIT TEST

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29CFR 1910.134

Employee's Name: José A. Verges Rivera

Company's Name: Homeca Recycling


Type of Respirator: Half Face

Respirator's model: 7700, North, 30L, Large

Smoke: Irritant Smoke

Employer Id. No.: 9087

Fit Test Control No. AE-FT-0906-2013-0099

Tester's Signature:  Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014



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RESPIRATORY QUALITATIVE FIT TEST

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29CFR 1910.134

Employee's Name:	Rafael Velazquez Ortiz
Company's Name:	Homeca Recycling
Type of Respirator:	Half Face
Respirator's model:	7700, North, 30L, Large
Smoke:	Irritant Smoke
Employer Id. No.:	0118
Fit Test Control No.	AE-FT-0906-2013-0098
Tester's Signature:	 Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014



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RESPIRATORY QUALITATIVE FIT TEST

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29CFR 1910.134

Employee's Name: Hector Montañez Cintrón

Company's Name: Homeca Recycling


Type of Respirator: Half Face

Respirator's model: 7700, North, 30M, Medium

Smoke: Irritant Smoke

Employer Id. No.: 3230

Fit Test Control No.: AE-FT-0906-2013-0101

Tester's Signature:  Date: Sept-06-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Sept 06-2013

Expiration Date: Sept 05-2014

RESPIRATORY QUALITATIVE FIT TEST

This is a certificate for qualitative fit test in compliance with OSHA Standard
29CFR 1910.134, 29CFR 1926.1101, 29CFR 1926.62

Employee's Name: Melvin Feliciano

Company's Name: Homeca Recycling


Type of Respirator: Half Face


Respirator's model: 5500-30 L, North.

Smoke: Irritant Smoke

Employer Identification Number: XXX-XX-5109

Fit Test Control Number: AE-FT-1003-2013-010

Employee's Signature:  Date: Oct-3-2013

Tester's Signature:  Date: Oct-3-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Oct-3-2013 Expiration Date: Oct-2-14

RESPIRATORY QUALITATIVE FIT TEST

This is a certificate for qualitative fit test in compliance with OSHA Standard

29CFR 1910.134, 29CFR 1926.1101, 29CFR 1926.62

Employee's Name: Eliezer Caraballo

Company's Name: Homeca Recycling

Type of Respirator: Half Face

Respirator's model: 5500-30 M, North.

Smoke: Irritant Smoke

Identification Number: XXX-XX-9867

Fit Test Control Number: AE-FT-111413-2013-022

Employee's Signature: _____ Date: Nov-15-2013

Tester's Signature: Paul E. Davis Date: Nov-15-2013

Comments: North respirator used in good condition, verification of negative and positive check its ok.

Completion Date: Nov-15-2013 Expiration Date: Nov-14-14

RESPIRATOR FIT TEST RECORD

Date: 4-Oct-13

Fit testing conducted in compliance with OSHA Standard 1910.134(F). ☒
If other local, state or federal regulations apply (such as MSHA), you may list them here:

Company: HOMER
Address: _____
City: PONCE
State: PR Zip: _____ Tel: _____

Name of Fit Tester: EDUARDO CARMACHO

Signature: [Signature]

Type of OSHA accepted fit test protocol used: (Qualitative): ☐ Saccharin ☐ Bitrex™ ☐ Isoamyl Acetate ☒ Irritant Smoke

(Quantitative): Portacount Model # _____ Occupational Health Dynamic Model #: _____

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test Pass Fail	Could not be fit tested due to:
NORMA COLLAZO	<u>[Signature]</u>	NORTH HALF FACE 5500-30 M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
ELISEO CARABALLO	<u>[Signature]</u>	NORTH HALF FACE 5500-30-M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<u>[Diagonal Line]</u>	<u>[Diagonal Line]</u>	<u>[Diagonal Line]</u>	<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

Comments: _____

RESPIRATOR FIT TEST RECORD

Date: 27-sept-2013

Fit testing conducted in compliance with OSHA Standard 1910.134(F). ☒
If other local, state or federal regulations apply (such as MSHA), you may list them here:

Company: HOMECA RECYCLING
Address: _____
City: Ponce
State: PR Zip: _____ Tel: _____

Name of Fit Tester: EDUARDO CAMACHO

Signature: _____

Type of OSHA accepted fit test protocol used: (Qualitative): ☐ Saccharin ☐ Bitrex™ ☐ Isoamyl Acetate ☒ Irritant Smoke

(Quantitative): Portacount Model # _____ Occupational Health Dynamic Model #: _____

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test Pass Fail	Could not be fit tested due to:
Juan Lopez Candalaria	<i>[Signature]</i>	NORTH HALF FACE 5500-30 LARGE	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Eusebio Franceschini	<i>[Signature]</i>	NORTH HALF FACE 5500-30 MED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Jorge Velazquez Irizarry	<i>[Signature]</i>	NORTH HALF FACE 5500-30 LARGE	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Edrick Caguas Velazquez	<i>[Signature]</i>	NORTH HALF FACE 7700-30 MED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Ferdinand Alvarado Rodriguez	<i>[Signature]</i>	NORTH HALF FACE 7700-30 LARGE	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Alexis Rivera Robles	<i>[Signature]</i>	NORTH HALF FACE 5500-30 MED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

Comments: _____

RESPIRATOR FIT TEST RECORD

Date: 1 - OCT - 13

Fit testing conducted in compliance with OSHA Standard 1910.134(F). ☒
 If other local, state or federal regulations apply (such as MSHA), you may list them here: _____

Company: HOMECAR RECYCLING
 Address: _____
 City: Ponce
 State: PR Zip: _____ Tel: _____

Name of Fit Tester: EDUARDO CAMACHO

Signature: _____

Type of OSHA accepted fit test protocol used: (Qualitative): Saccharin Bitrex™ Isoamyl Acetate ☒ Irritant Smoke

(Quantitative): Portacount Model # _____ Occupational Health Dynamic Model #: _____

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test Pass Fail	Could not be fit tested due to:
Angel Silva Garcia	<i>Angel Silva</i>	NORTH HALF FACE 5500-30 M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Jorge Torres Matos	<i>Jorge Torres Matos</i>	NORTH HALF FACE 7700-30 S	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Harris Morales Stgo Ruiz	<i>Harris Morales Stgo Ruiz</i>	NORTH HALF FACE 5500-30 M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Oswaldo Feliciano	<i>Oswaldo Feliciano</i>	NORTH HALF FACE 7700-30 L	<input checked="" type="checkbox"/> <input type="checkbox"/>	
José Miguel Rodríguez	<i>José Miguel Rodríguez</i>	NORTH HALF FACE 7700-30 M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Carlos Pizarro Santos	<i>Carlos Pizarro Santos</i>	NORTH HALF FACE 5500-30 L	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Geovanie Gonzalez	<i>Geovanie Gonzalez</i>	NORTH HALF FACE 7700-30 L	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Reynaldo Lopez Rodriguez	<i>Reynaldo Lopez Rodriguez</i>	NORTH HALF FACE 7700-30 L	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Daniel Vargas	<i>Daniel Vargas</i>	NORTH HALF FACE 5500-30 M	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Ismael Bones	<i>Ismael Bones</i>	NORTH HALF FACE 7700-30M	<input checked="" type="checkbox"/> <input type="checkbox"/>	

Geraldo Collazo
Comments: _____

NORTH HALF FACE 5500-30 L Passed